

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case # 16 075031			
EVENT	Incident Type		Counts	Incident Code	Offense Jurisdiction	Arrest Jurisdiction			
	16-5-24 (1314) AGGRAVATED BATTERY - GUN 16-5-24		1	1314	COUNTY				
	16-8-41 (1204) ARMED ROBBERY - STREET - GUN 16-8-41		1	1204	COUNTY				
VICTIM	Premise Type		Weapon Type	Forcible	Stranger To Stranger	Victim Unknown	Use Code		
	COMMERCIAL		03	Y	N	<input type="checkbox"/>	540		
	Date Report		Incident Start	Incident End	Incident Location				
	8/3/2016 1:09:00 PM		8/3/2016 12:30:00 PM	8/3/2016 1:00:00 PM	6255 MEMORIAL DR 243 STONE MTN GA				
	Name (Last, First Middle)		Moniker	DOB	Age	Sex	Race	Ethnicity	
	[REDACTED]			[REDACTED]	21	F	B		
	Address		Home #	Work #	Cell #	Email			
	[REDACTED]								
	SSN	Resident Status	HGT	WGT	Hair Color	Hair Style	Hair Length	Eye Color	
								OLN #	
							057414888	State	
							GA		
OFFENDER	Occupation		Employer	Address		Employer Phone			
	UNKNOWN OR NOT STA								
	Victim Type		Student	Yes	No	LEOKA Activity Type		LEOKA Assignment Type	
	Individual		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	Injuries		None		Minor	Internal	Teeth	Unconscious	
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lacerations		Bones	Other	Used	Drugs	Alcohol	Computer	
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SMTc								
	Relationship To Offenders		1)	(2)	(3)	(4)	(5)		
		(6)	(7)	(8)	(9)	(10)			
Offenses Involved		1)	1313	(2)	(3)	(4)	(5)		
		(6)	(7)	(8)	(9)	(10)			
PROPERTY	Name		Moniker	DOB	Age	Sex	Race	Ethnicity	
	WRIGHT, LEANGELO DEVON			[REDACTED]	1992	23	M	B	N
	Address		Home Phone	Work Phone	Cell Phone	Email			
	731 BRITTNEY CT STONE MOUNTAIN GA 30083-				[REDACTED]				
	SSN	Resident Status	HGT	WGT	Hair Color	Hair Style	Hair Length	Eye Color	
		RESIDENT	604	165	BLACK	BRAIDED	MEDIUM	BROWN	
	Occupation		Employer	Address		Employer Phone			
	UNKNOWN OR NOT STA								
	SMTc								
	Offenses Involved								
1) 16-5-24 (1314) AGGRAVATED BATTERY - GUN 16-5-24		(2)	16-8-41 (1204) ARMED ROBBERY - STREET - GUN 1204						
3)		(4)							
5)		(6)							
7)		(8)							
9)		(10)							
ADM	WANTED		WARRANT	ARREST	SUSPECT ARMED	WEAPON	Firearm	Used	
	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Y			<input type="checkbox"/>	
	TOTAL NUMBER ARRESTED		1	ARREST AT OR NEAR OFFENSE SCENE		Yes	No		
						<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		
	STOLEN \$0.00		\$100.00		\$0.00		\$0.00		
	RECOVERED \$0.00		\$0.00		\$0.00		\$0.00		
	CLOTHING		OFFICE EQUIP		TV, RADIO, ETC		HOUSEHOLD GOODS		
	STOLEN \$0.00		\$0.00		\$0.00		\$0.00		
	RECOVERED \$0.00		\$0.00		\$0.00		\$0.00		
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER			
STOLEN \$0.00		\$0.00		\$0.00		\$260.00			
RECOVERED \$0.00		\$0.00		\$0.00		\$0.00			
						TOTAL \$360.00			
						\$0.00			
CLEAR	GOC ENTRY		WARRANT	MISSING PERSONS	VEHICLE	ARTICLE	BOAT	GUN	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SECURITIES								
	<input type="checkbox"/>								
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER		YES		NO	1 - Amphetamine			
			<input type="checkbox"/>		<input checked="" type="checkbox"/>	2 - Barbiturates			
					<input type="checkbox"/>	3 - Cocaine			
					<input type="checkbox"/>	4 - Hallucinogen			
					<input type="checkbox"/>	5 - Heroin			
					<input type="checkbox"/>	6 - Marijuana			
				<input type="checkbox"/>	7 - Methamphetamine				
				<input type="checkbox"/>	8 - Opium				
				<input type="checkbox"/>	9 - Synthetic Narcotic				
				<input type="checkbox"/>	U - Unknown				
REQUIRED DATA FIELDS FOR CLEARANCE REPORT		Cleared by Arrest		Exceptionally Cleared	Unfounded	DATE OF CLEARANCE		08-26-2016	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	
REPORTING OFFICER		NUMBER		APPROVING OFFICER		NUMBER			
Vallchev n l		2998		Shover a t		1597			

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DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT PROPERTY			Case # 16 075031	
Class: <b>L</b>	Description: <b>Other</b>	Status: <b>S</b>		
Make: <b>Unk</b>	Model: <b>Unk</b>	Serial:		
Property Location: <b>Susp</b>	QTY: <b>1</b>	Value: <b>\$60.00</b>	UCR Code: <b>1204</b>	
Related To: [REDACTED]	Date Recovered:	Recovery Code:	Jurisdiction Stolen: <b>2</b>	Jurisdiction Recovered:
Class: <b>B</b>	Description: <b>Currency, notes, etc.</b>	Status: <b>S</b>		
Make: <b>US</b>	Model: <b>Dollars</b>	Serial:		
Property Location: <b>Suspects</b>	QTY: <b>5</b>	Value: <b>\$100.00</b>	UCR Code: <b>1204</b>	
Related To: [REDACTED]	Date Recovered:	Recovery Code:	Jurisdiction Stolen: <b>2</b>	Jurisdiction Recovered:
Class: <b>L</b>	Description: <b>Other</b>	Status: <b>S</b>		
Make: <b>Unk</b>	Model: <b>Unk</b>	Serial:		
Property Location: <b>Suspects</b>	QTY: <b>5</b>	Value: <b>\$200.00</b>	UCR Code: <b>1204</b>	
Related To: [REDACTED]	Date Recovered:	Recovery Code:	Jurisdiction Stolen: <b>2</b>	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:

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DEKALB COUNTY POLICE DEPARTMENT GA0440200 OTHER PERSONS										Case # 16-075031	
Involvement Type: WITNESS		Name (Last, First Middle): BENNETT DAHNARIO R					Monitor		SSN		
Address: 808 LAKE POINT PL. STONE MTN GA 30088										Work #	
DOB: -1988	Age: 28	Sex: M	Race: B	Ethnicity	Resident Status	Hair Color	Eye Color	HGT	WGT		
SMTs:											
Email		OLN #			State		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
Occupation: UNKNOWN OR NOT STATE		Employer/School			Address			Employer Phone			
Involvement Type		Name (Last, First Middle)					Monitor		SSN		
Address										Work #	
DOB	Age	Sex	Race	Ethnicity	Resident Status	Hair Color	Eye Color	HGT	WGT		
SMTs:											
Email		OLN #			State		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
Occupation:		Employer/School			Address			Employer Phone			
Involvement Type		Name (Last, First Middle)					Monitor		SSN		
Address										Work #	
DOB	Age	Sex	Race	Ethnicity	Resident Status	Hair Color	Eye Color	HGT	WGT		
SMTs:											
Email		OLN #			State		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
Occupation:		Employer/School			Address			Employer Phone			
Involvement Type		Name (Last, First Middle)					Monitor		SSN		
Address										Work #	
DOB	Age	Sex	Race	Ethnicity	Resident Status	Hair Color	Eye Color	HGT	WGT		
SMTs:											
Email		OLN #			State		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
Occupation:		Employer/School			Address			Employer Phone			
Involvement Type		Name (Last, First Middle)					Monitor		SSN		
Address										Work #	
DOB	Age	Sex	Race	Ethnicity	Resident Status	Hair Color	Eye Color	HGT	WGT		
SMTs:											
Email		OLN #			State		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
Occupation:		Employer/School			Address			Employer Phone			

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**DEKALB COUNTY POLICE DEPARTMENT**  
**GA0440200**  
**NARRATIVE**

Case #:  
 16-075031

Officer ID#Name 2998 Valtchev, n l	Date 8/3/2016 3 00 00 PM	Approving Officer ID#Name 1597 Shover, a t	Date 8/5/2016 11:59:00 PM
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**INITIAL REPORT**

On 08/03/2016 at approximately 1320 hours, I responded to 1325 Tucker Industrial Rd, 'Campers Inn of Atlanta' in reference to an assault call. Upon my arrival the victim [REDACTED] stated that she was assaulted at 6255 Memorial Dr, 'Memorial Inn', room #243. [REDACTED] also advised that the suspect was her ex-boyfriend, Mr. LeAngelo Devon (the subjects did not have any kids together and they never resided together). [REDACTED] also advised that she and Mr. Dahnano Bennett arrived at Memorial Inn and started to knock on room #243's front door. She stated that she and Mr. Bennett were looking for somebody who owe [REDACTED] some money. [REDACTED] also advised that Mr. LeAngelo Devon and one of his friends (unknown name, B/M) exited the room and started a verbal altercation. She also stated that Mr. Devon's friend pulled out a hand gun and stated 'You need to leave there's no money here. Leave now'. [REDACTED] also stated that Mr. Devon approached her and punched her in her mouth with a closed fist. The victim also stated that the suspects stole her backpack (from unknown location). Mr. Bennett's statement corroborated with the victim's statement. I observed [REDACTED] injured lower jaw and lower teeth. [REDACTED] was transported to Grady Memorial Hospital by Medic# 65. I provided all parties involved with the case number. I was not able to locate Mr. Devon at 'Memorial Inn'.

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